Implementation of Telehealth in a Safety-Net Palliative Care Clinic

Ashima Lal1, Olayinka Ogunmoyero, Azariah Terrell, Paul DeSandre
1 Emory University School of Medicine
2 Grady Memorial Hospital

Introduction
- As a safety-net hospital in the Southeast with limited use of telehealth, the COVID-19 pandemic created pressure to care for patients virtually.
- Palliative Care (PC) teams have used telehealth to support patient care in maintaining the necessary complex communication and symptom management remotely.
- Our goal was to develop a new telehealth PC clinic embedded in the cancer center

Objectives
1. Identify stakeholders in the development of a PC telehealth clinic
2. Design a PC telehealth clinic in a safety-net setting to expand services
3. Examine barriers to implementing a telehealth clinic

Patient Barriers
- Limited availability of a device with camera
- Inadequate internet bandwidth or data access for a video visit
- Inability to interface with necessary software applications
- MyChart activation

Clinical Barriers
- Identification of appropriate patients
- Provider and patient buy-in
- Lack of resources and/or staffing to complete scheduling and operational workflow
- Opioid prescriptions and urine drug screens

Operational Workflow For Pilot Tele-Palliative Clinic

Logistics:
- An additional half day clinic was held on the second Wednesday/month
- Addition of 3 telehealth slot/half day clinic
  - All providers and clinic staff underwent training
  - Telehealth visits started first with follow-ups, with only 9% of patients with active MyChart accounts interested in participating

Exclusion Criteria:
1. Patient/Provider request in-person
2. Patient has not been seen for >3 months
3. Resident of healthcare facility or stretcher transport required
4. Concern for OUD or high risk opioid misuse
5. Initial visit for patients on opioids
6. Technological requirements cannot be met

Key Stakeholders
- Patient
- IT support
- Chaplain
- Medical Social Worker
- Clinic Administration
- Patient Access Representative (PAR)
- Certified Medical Assistant
- Registered Nurse
- Clinician

36 Potential Visits
13 Patients Scheduled
PAR calls 2 hours prior
2 successful visits
4 no-show
7 visits cancelled

Conclusion
- Using video telehealth is challenging in our safety-net institution.
- We will need to leverage available resources to facilitate a structured pre-visit planning point of contact to minimize cancellations and allow for appropriate rescheduling.
- We will attempt to enroll more patients in MyChart with the development of a tipsheet
- The pandemic has shed light on multiple healthcare disparities. Video telehealth appears to add to the many forms of access limitations and difference in care for a particularly vulnerable population.